

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048430
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 611
FILED DEC 30 1963

VS 300
Rev. 4/59

10479

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Cherokee	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joplin		c. CITY OR TOWN Galena	
Length of stay in 1b 4 Weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hosp.		d. STREET ADDRESS REF # 2 2 Miles West of Riverton	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First HOWARD Middle ALFRED Last HUTCHINGS		4. DATE OF DEATH Month December Day 17 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/27/98
9. AGE (last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1st Class Maintance	
11. BIRTHPLACE (City and state or country) Cherokee County Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Allen Hutchings		13b. MOTHER'S MAIDEN NAME Anna Hutchings	
14. NAME OF HUSBAND OR WIFE Elsie Moore Hutchings		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2	
16. SOCIAL SECURITY NO.		17. INFORMANT Elsie Moore Hutchings, Galena, Kan.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalopathy DUE TO (b) Cerebral Vascular accident DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 8 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis obliterans		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:20 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Galena, Kansas
21. I attended the deceased from July 61 to 12-17-63 and last saw him alive on 12-17-63 Death occurred at 4:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) C. S. Davis M.D.	
22b. ADDRESS Galena, Kane		22c. DATE SIGNED 12/20/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/63	23c. NAME OF CEMETERY OR CREMATORY Hillcrest	23d. LOCATION (City, town, or county) Galena, Kansas
24. FUNERAL DIRECTOR Kitch-Hurley Mortuary, Galena, Ks.		25. DATE RECD. BY LOCAL REG. 12-23-1963	
26. REGISTRAR'S SIGNATURE Dove Merriam			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Body was not embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George L. Mc

Licensed Embalmer No. 5175

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.